

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER YES ON 14: CALIFORNIANS FOR STEM CELL RESEARCH, TREATMENTS AND CURES			Date of This Filing <u>10/02/2020</u>	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1422494	Report No. <u>LCR # 2000</u>			
STREET ADDRESS					
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901			
			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>3</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/02/2020	NATIONAL UNION OF HEALTHCARE WORKERS ISSUES COMMITTEE FOR QUALITY PATIENT CARE AND UNION DEMOCRACY Sacramento, CA 95815 ID# 1401024	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,250.00
10/02/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: INC:S497:711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	\$300,227.00
10/02/2020	ROBERT N. KLEIN II AND AFFILIATED ENTITY KLEIN FINANCIAL CORPORATION Palo Alto, CA 94306 Memo Reference: NON:S497:723	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT KLEIN FINANCIAL CORPORATION	\$99,773.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages 3		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:723

NON-MONETARY LOAN, MADE BY ROBERT N. KLEIN II

Memo Reference: INC:S497:711

LOAN

Memo Reference:

ADDITIONAL COMMITTEE ADDRESS: P.O. BOX 20368, STANFORD, CA 94309
